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**DEPARTMENT OF WORKFORCE SERVICES  
INCUMBENT WORKER TRAINING PROGRAM  
APPLICATION**

\_\_\_\_\_  
(Business name as it would appear on contract)

**Utah Department of Workforce Services**  
**Workforce Development and Information Division**  
**Attention: Division Director**  
**140 East 300 South**  
**Salt Lake City, Utah 84111**  
**Phone (801) 526-9363 ♦ Fax (801) 526-9239**  
**[jobs.utah.gov](http://jobs.utah.gov)**

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## Incumbent Worker Training Program Guidelines & Application

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The Incumbent Worker Training Program (IWTP) is funded by the federal Workforce Investment Act (WIA) and administered by the Utah Department of Workforce Services (DWS). The purposes of the Program are to: 1) provide grants to Utah employers to assist with certain expenses associated with skills upgrade training for their full-time employees, and 2) help those workers gain the skills that keep them employed and increase their wages. The Program enhances workforce and economic development.

### **Program Guidelines**

*Applications for the Utah Incumbent Worker Training Program (IWTP) are open to employers and consortium of employers and partners meeting the guidelines listed below.*

#### **Applicants:**

- ☐ Must have been in operation in Utah for a minimum of three (3) years prior to the application date in order to be eligible for grant funding.
- ☐ Must request training for at least fifteen (15) full-time employees.
- ☐ Must demonstrate financial viability and must be current on all state tax obligations.
- ☐ Must be in one of the Department of Workforce Services designated target industries or sectors.
- ☐ Must have defined and accessible career ladders.
- ☐ Must agree to list all job openings with DWS that result from the IWTP.
- ☐ Must provide evidence of a long-term commitment to employee training.
- ☐ Must agree that IWTP funds will be used to supplement not supplant existing training efforts.
- ☐ Must provide a 50% financial and/or in-kind match.

**Applications will be rated on a 100-point scale based on the following criteria. (An additional 5 bonus points will be awarded to Partnerships that provide a sustainability plan.) The scoring criteria is as follows:**

- ☐ Demonstrate that the training plans are based upon knowledge of the industry/sector. Training plans must be linked to an overall strategy that is designed to enhance the competitive position of the sector and participating partners. Training plans must identify the business and innovation strategy for the sector and the way in which the training program supports that strategy and clearly indicate business demand for training and education. Skill gaps within the sector should also be identified, along with potential career ladders. (Maximum points: 30)
- ☐ Strength of the partnership, including employer and employee (or employee representation) participation, enhanced coordination between businesses, economic development organizations, organized labor and associations, and history of activities undertaken by the partnership. In addition, applications will be judged by the degree to which projects align and leverage resources and services to enhance the competitive position of the participating partners. (Maximum points: 25)
- ☐ Strength of project design. Project design should support the identified business and innovation strategy and clearly demonstrate an effective and timely training strategy. Applications will be judged based on the degree to which the expected outcomes improve overall business competitiveness, increase business revenues and worker earnings. Projects may also offer educational/training that provides credits or industry recognized credentials. Where possible, links to Utah's institutions of higher learning and community colleges should be demonstrated. (Maximum Points: 30)
- ☐ Budget is reasonable and effectively tied to project goals with evidence of leveraging additional resources. (Maximum points: 15)
- ☐ Bonus points will be awarded to applicant(s) that provide a sustainability plan for the partnership and the training. (Maximum- 5 bonus points.)

#### **Training Services:**

- ❑ Can be provided through Utah's public or private educational institutions, private training organizations, trainers employed by the business, or a combination of training providers. Private postsecondary institutions and private training providers may be utilized only upon a review that includes, but is not limited to, accreditation and licensure and prior approval by the Department of Workforce Services.
- ❑ Can be conducted at the employer's place of business, at the training provider's facility, or at a combination of sites.

**Allowable Training Expenses:**

- ❑ Instructors'/trainers' salaries
- ❑ School tuition
- ❑ Curriculum development
- ❑ Textbooks/Manuals
- ❑ Audio/visual materials
- ❑ Skills assessment
- ❑ Travel expenses of trainers

**Non- Allowable Training Expenses:**

- ❑ Funds spent prior to approval
- ❑ Purchase of capital equipment
- ❑ Training provided outside the State of Utah
- ❑ Employee handbooks
- ❑ Scrap produced during training
- ❑ Food and refreshments
- ❑ Awards

**Grant awards:**

- ❑ Businesses approved for funds enter into a contract with the DWS, which commits the business to complete the training project as proposed in their application.
- ❑ Any business approved for an IWTP grant award, that is a recipient or sub recipient of Federal funding of \$300,000 or more in a fiscal year, will be required to furnish an independent financial and compliance audit. The company is responsible for the cost of the audit, and IWTP funds cannot be used to cover these costs.
- ❑ Approved budget items are reimbursed upon presentation of adequate documentation of the training and evidence that the training expense incurred has been paid.
- ❑ Businesses provide a matching contribution to the training project. **Businesses will be required to provide a minimum of 50% of the requested direct training costs, i.e. instructors' wages/tuition, curriculum development and textbooks and manuals.**
- ❑ Business will keep accurate records of the project's implementation process and certify that all information provided for the purpose of requesting reimbursements and reporting training activity is accurate and true.
- ❑ For performance tracking measures, businesses are required to submit specific information for employees participating in training activities which includes, but is not limited to, trainees' names and social security numbers.

**Project Completion:**

- ❑ With the high demand and limited funding available, all applications will be evaluated to leverage other state, federal and private funds with IWTP funds.
- ❑ All grant projects shall be performance based with specific measurable performance outcomes -- including the completion of the training project, number of employees trained, and average costs per trainee.
- ❑ Businesses shall provide sufficient documentation to the Department of Workforce Services for identification of all employee participants for calculation of performance measures required by WIA, and any other outcomes deemed pertinent by the grant administrator.

**Application Instructions**

**Detach** and complete the attached IWTP application. Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number and attached to the back of the application form. Submit one original and three (3) copies of the signed completed application to Department of Workforce Services, Workforce Development and Information Division, 140 East 300 South, Salt Lake City, Utah 84111.

If you have any questions or need assistance in completing the application, please contact Connie Laws, OSD Program Manager, Department of Workforce Services at 801-526-9955.



State of Utah  
Department of Workforce Services  
**INCUMBENT WORKER TRAINING GRANT APPLICATION**

**PLEASE RETURN APPLICATIONS TO:**  
Utah Department of Workforce Services  
Attn: Workforce Development &  
Information Division  
140 E 300 S  
Salt Lake City, Utah 84111

<b>I. BACKGROUND INFORMATION</b>			
Applicant (Company Name):		FEIN Number	Unemployment Insurance Number
Site Street Address			
City		County	State      Zip
Type of Business or Industry		Union/Local/Contact Person/Phone Number (if applicable)	
Parent Company Names(s)			SIC Code
Parent Company Address(es)			
City		State/County	Zip      Phone #
Primary Company Contact(s)		Title	
Phone Number	FAX Number	e-mail Address	
<b>II. PROJECT OUTCOMES</b>			
Total number of people to be trained: _____			
Total number of Credentials issued: _____			
<u>Credential Type</u>		<u>Projected Number of Credentials</u>	
Apprenticeship		<input type="checkbox"/> _____	
Associate Degree/Other College Degree		<input type="checkbox"/> _____	
Certificate of Technical Achievement (CTA)		<input type="checkbox"/> _____	
Journey Level Upgrade		<input type="checkbox"/> _____	
Other Customized Certification		<input type="checkbox"/> _____	
(Specify:)		_____	
<b>III. EMPLOYMENT AND WAGES</b>			
Current total number of employees for site(s) _____			
Number of employees one year prior to date of application for site(s) _____			
Average hourly wages of employees (without fringe benefits)			
Professional/Managerial	\$	_____	
Skilled Trades	\$	_____	
Semi-skilled/Production/Administrative	\$	_____	
Total annual payroll for business location	\$	_____	
Please attach a project description which includes the following:			
<ul style="list-style-type: none"><li>▪ The company and product or services performed.</li><li>▪ The impact to industrial and/or economic area.</li><li>▪ The reasons the training is needed and how the project will be implemented.</li><li>▪ How the training will benefit the company including business outcomes anticipated from this grant, how they will be measured, and how the training will improve the productivity, competitiveness and/or quality of products and services.</li><li>▪ How the training will benefit the employees including career paths for employees who successfully complete the training and plans and practices that foster lifelong learning among workers.</li><li>▪ Current investment in training of incumbent workers.</li></ul>			
Approximate start and end date of training.			

**V. BUDGET DETAILS**

Please complete the budget summary and the attached training budget detail form. Also provide a budget narrative that explains how the costs were determined to include in-kind and/or cash matches. *Please note: the budget should only include information for the project for which the funding is being requested.*

**PROJECT BUDGET SUMMARY**

	Match Funds	Training Funds Requested	Internal Use Only Amount Awarded
1. Personnel			
a. Salaries & Wages	\$	\$	\$
b. Fringe Benefits			
c. Consultant/Contract Services			
d. Tuition			
Sub Total			
2. Non-Personnel			
a. Rental, Lease or Purchases of Equipment	\$	\$	\$
b. Supplies for Training			
c. Travel			
d. Books/Lab Fees			
e. Other			
Sub Total			
Total			
3. Current company annual training budget	\$		
4. Other training funds received			
Source _____ Date Received _____		Amt of Award \$	
Source _____ Date Received _____		Amt of Award \$	

All grantees must submit quarterly program reports that describe progress toward meeting the desired outcomes. Additional information required will include: the total number of trainees enrolled; name, date of birth, gender, social security number, address, education of each enrolled trainee, date of hire, entry and exit wage; outcomes; credentials achieved; and retention of enrollees during the grant period.

**VI. EVALUATION****VII. RETURN ON INVESTMENT STUDY**

Please indicate participation in a customer-service evaluation. ☐ Yes ☐ No

Please indicate participation in a return on investment study. ☐ Yes ☐ No

**NOTE OF CONFIDENTIALITY OF INFORMATION**

To the extent feasible and permissible by law, the Utah Department of Workforce Services (DWS) will honor an applicant's request that confidential information submitted to DWS will remain confidential. DWS will treat the information confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit DWS' right to disclose the details and results of the economic development project to the public.

**MANAGEMENT CERTIFICATION**

I hereby certify that I have read the foregoing project file and that the information contained herein is true and accurate to the best of my knowledge and belief. Furthermore, to the best of my knowledge and belief, our company and/or organization does not have any outstanding liabilities with the State of Utah, including but not limited to the Department of Workforce Services, Unemployment Insurance Contribution Division, nor are we currently involved in any labor disputes.

**APPLICANT AUTHORIZATION**

Name	Title (CEO or highest ranking applicant official)	Date
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**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.